

of California. Reference to this measure is made under Item 20 of the minutes of the California Medical Association Council, appearing in this issue on page 144.

The text of the new law which, with other statutes, will become operative ninety days after the June 14 adjournment, namely, on September 3, reads as follows:

The people of the State of California do enact as follows:

Section 1. Section 454.2 is hereby added to the Vehicle Code, to read as follows:

454.2. Vehicles Owned by Physicians. A physician traveling in response to an emergency call shall be exempt from the provisions of Section 511 of this code; provided, the vehicle so used by him displays an insignia approved by the Department of Motor Vehicles, indicating that such vehicle is owned by a licensed physician. The provisions of this section shall not relieve the driver of any such vehicle from the duty to drive with due regard for the safety of all persons using the highway, nor shall the provisions of this section protect any such driver from the consequences of an arbitrary exercise of the privileges declared in this section.

It is to be regretted that the statute did not provide that the special insignia, to be placed on automobiles, should be secured from the California Department of Motor Vehicles, through applications previously approved by the state examining boards of physicians. However, the beginning has been made.

Assembly Bill 1625, a measure designed particularly to make it possible for *nonprofit medical service organizations to contract with public agencies* for health services needed in the care of persons on relief, did not receive the approval of the Assembly Committee on Ways and Means. The issues involved are important. Thanks are due, however, to the committee whose members gave much thought to the measure. The subject is worthy of continued study, with possible and hoped-for future action and adoption.

As the result of Assembly Bill 563, a law will find a place on the statute books that will render important service in establishing *California Physicians' Service, a nonprofit corporation, on a firmer foundation.*

Assembly Bill 1475, the so-called "foreign doctors' bill," became a law in spite of veto by Governor Olson, the gubernatorial rejection being overridden after a bitter contest.

In the Legislature of 1939, the *compulsory health act* was one of Governor Olson's "must pass" measures, but in spite of such blessing, after a bitter fight, it went down to defeat, the story being told at the time in CALIFORNIA AND WESTERN MEDICINE. Similar bills were introduced in the 1941 legislative session (A. B. 1730 and S. B. 645), but never were pushed, even for first steps in committee hearings. These measures will, of course, again come to the front two years hence.

It is to be regretted that efforts to make possible the *compensation of physicians and surgeons upon whom the care of persons injured in accidents may have fallen*, when such injured persons become the beneficiaries of sums collected because of such injuries, did not receive approval by legislators. Such "lien bills" are virtually in vogue in many court

procedures. Here, also, the battle for fair dealing will probably continue.

Elsewhere, on page 147 of this issue of CALIFORNIA AND WESTERN MEDICINE is given a summary of the past year's legislation relating to medical practice, and members should find its inspection of interest and value.

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Expressions of Appreciation Are in Order.—These comments should not close without calling attention to two things:

1. The splendid work rendered by the California Medical Association and County Committees on Public Policy and Legislation, to whom, and to all who thus aided, thanks of the Association are tendered.

2. And the kindly spirit in which Senators and Assemblymen conferred with representatives of the medical profession on matters of public health. To these legislators, also, thanks are given for their sympathetic cooperation and aid.

In this connection, component county societies and members of the California Medical Association should not forget to maintain all cordial contacts already established. Why not, for example, as many societies do, invite your legislators as guests at one of the get-together meetings? In this number of the OFFICIAL JOURNAL appears an item concerning the recent four-county meeting at Vallejo. Its perusal will reveal how one group of physicians in the East Bay section of the San Francisco area maintain cordial relationships with lawmakers, such as are always agreeable and helpful. The example is worthy of emulation.

PHYSICAL REHABILITATION OF SELECTEES: BY WHAT METHOD?

Experiences of Local Draft Board Examiners. Physicians who have been giving their services without cost to the Government, as examiners for local draft boards, early in their work recognized that a variety of physical defects, many sufficient to entitle the selectee under consideration to a non-military classification, were of a remedial, surgical or other nature.

However, nothing could be done in the premises, since there was nothing in the Selective Draft Act whereby rehabilitation services could be provided by the Government, to be accepted by the selectee, voluntarily or otherwise.

Recently, press dispatches from Washington have brought the information that the Federal Security Administration, through a special committee, has espoused a plan bearing on this problem, as witness:

The national selective service director would issue instructions to local board chairmen on placing registrants with remediable defects, and limited means, under the care of hospitals and other agencies designated for the purpose by local rehabilitation committees. Local boards would set a limit for correction of any defect and require the registrant to present himself for reclassification.

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Recommendations of Federal Security Administration.—The changes recommended by the

Commission and approved by Federal Security Administrator Paul V. McNutt, follow:

1. Creation of two new subclassifications for registrants, namely, 1 B-R and IV F-R, the R signifying the registrant is suffering from a defect that is "*remediable or correctible*."

2. Report of physical examinations to include a place for the examining physician to state whether the physical defect causing rejection is remediable.

3. Statement to be signed by the registrant relative to (a) his willingness to undergo treatment; (b) permission for release of information on his physical condition which now is kept secret; (c) whether he can pay for his own treatment.

4. Amendment of regulations "*to permit the examination at any time of confidential records pertaining to the physical condition of a registrant by the governors of states or designated officials*."

5. Reports in duplicate to be made of physical condition, with one copy going to the "state rehabilitation boards."

6. A change in regulations so that chairmen of local boards can "*advise the registrant of the time that the board has allowed for the correction of his defect, at the expiration of which time the registrant must present himself to the board for reexamination*."

* * *

Further Study and Recommendation May Follow.—The subject above referred to may be only the beginning of a study or survey to determine whether the existing system of examination of selectees is one that will work out best in the interests of the selectees, the Government, the medical examiners and local draft boards, and others who bear responsibilities in this important work.

Certainly, the ultimate cost to the Government and taxpayers will be heavy indeed, if the medical records fail to measure up to best standards. If the nation is to maintain a large standing army and navy—and present signs so indicate—will it be wise to expect the professional services of physician examiners to be given year after year without compensation? Physicians in California who have borne heavy burdens in the examination of selectees and who are willing to continue to give such gratuitous service, have expressed themselves as favoring a plan whereby a lesser number of medical examiners, on pay, would assume the major portion of the work. It is the contention that the examinations would result in better records for the Government, with great ultimate saving and satisfaction to all concerned. There are many phases to this problem, and because of the large number of physicians taking part in the work, and the responsibilities involved, sober discussion on the best methods of procedure is almost certain to continue. The recent interesting announcement by the Federal Security Administration but emphasizes this fact.

COUNTY SOCIETY ACTIVITIES: FALL WORK

Preparation of Meeting Programs.—With this issue of CALIFORNIA AND WESTERN MEDICINE, many component county societies will resume meetings. The thought is expressed that the vacation period now closing will have fulfilled its reason for being, in that members everywhere will come

back to their work with increased zest and a desire to promote the best interests of scientific and organized medicine.

Because most county units, in December, elect their officers for the next calendar year, there is often a program break in January, when new officers and committees begin to function. It would seem, therefore, a wise procedure for a county society to have its officers outline in advance the nature of the meetings to be held, not only for the remaining months of the present year, but also, say, for the spring months of the next year.

What are some of the major matters to be considered by county society officers and program committees? Among such, concerning which mention may be made in local bulletins or at meetings, may be mentioned items such as are noted below.

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Concerning Scientific Medicine.—Shall each meeting's program be left to chance, or shall a progressive series of interrelated topics be outlined? Who shall be the local speakers or essayists? Who, the guest speakers?

Regarding a Clinical Conference or Refresher Course:

Has your local Committee on Postgraduate Work written to the California Medical Association Committee on Postgraduate Activities, in care of the Association Secretary, 450 Sutter, San Francisco, regarding a clinical conference?

What would be the topics of most interest and value to your local group?

Who are the guest speakers whom you would prefer for the conference?

What adjacent county societies should be invited?

What would be the best hour of the day to begin the clinical conference—3 or 4 p. m., or some other hour—and where would be the best place to secure a good attendance and real interest?

California Medical Association Annual Session:

Have those of your members who could present essays sent the necessary information to the secretary of the pertinent scientific sections (the names and addresses of whose officers are printed in each issue of CALIFORNIA AND WESTERN MEDICINE, on advertising page 6)?

Referring to scientific exhibits at the annual session, and to medical or surgical films, members in position to take part in such activities should feel free to write to the Association Secretary for all needed information.

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Concerning Organized Medicine.—Present-day trends permit no evasion of the part organized medicine will play in determining the fate of scientific medicine and medical practice in the days to come.

Thus, a California Legislature recently adjourned. Experience of this and former years leads to only one conclusion, namely, that when the next legislature convenes in January, 1943, problems as grave or perhaps more so, will again confront the profession. Proponents of compulsory health, antivivisection, and similar legislation will assuredly come to the front with their favorite schemes. The defeat of such groups will be more